		PART E	B - FEE(S) TRANS	MITTAL		<i>\$</i>
Complete and sept (1) together with applicable			P. Al	P.O. Box 1450 Alexandria, Virginia 22313-1450		4/
<u></u>	JAN 2 8 2008 \$		 ·	71)-273-2885		· .
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			Carolyn	Di Meglio	(Depositor's name)	
				Cari	The Ne Me	ofio (Signature)
				Januar	√24 , 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	₹ .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/758,247	01/15/2004		Raymond A. Dwek		2543-1-023CON	5331
TITLE OF INVENTION	: THERAPEUTIC COM	IPOSITIONS AND MET	<u> </u>		AGE RELATED DISORDE	ERS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS		uð airinhi eðuðuðs	10/58247
SULLIVAN, DANIEL M		1636	424-094610	01 FC:1501 02 FC:1504		1440.00 OP 300.00 OP
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CFR 1.303). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys			
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3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)	· ·	
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the pT a substitute for filing an	patent. If an assigned assignment.	e is identified below, the d	locument has been filed for
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Actelion	Pharmaceutica	ls Ltd	Allschwil	4123, Swift	erland 30.00 DH	
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interest as shown by the			Office.	are applicant, a regist	erea automey or agent, or t	he assignee or other party in
Authorized Signature	Saul	J. Fosker		_{Date} Ja	nuary 24, 2008	

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